

### Apparent increase in the prevalence of herpes simplex virus type 1 genital infections among women

We read with interest the recent correspondence by Wilson *et al*<sup>1</sup> observing an apparent increase in the prevalence of herpes simplex virus (HSV) type 1 infection among women attending a genitourinary medicine (GUM) clinic in Oxford.

The high proportion of type 1 isolates in genital herpes in Sheffield has been a consistent finding since it was first reported in 1982.<sup>2</sup> We have also noted a difference between the general practitioner (GP) referred and self referred groups in the viral isolates from first episode genital herpes.<sup>3</sup> Among the 128 women who attended with first episode HSV infection between January 1989 and January 1991, 79 patients (61.7%) had already visited their GP with their current complaint prior to the GUM attendance. Of these, 44 patients (55.7%) had type 1 isolates as compared with only 17 (34.7%) of the 49 self referred patients. The ratio of self referred:GP referred patients in terms of the type of HSV isolated was 1:2.6 for type 1 and 1:1 for type 2; the difference between the two groups is significant ( $\chi^2 = 5.34$ ,  $p < 0.01$ ). The two groups were similar in terms of age and history of recent partner change, although a higher proportion of the self referred group had experienced previous episodes of other sexually transmitted diseases.

We wonder whether the apparent increase in HSV-1 isolates reported from several UK centres may relate in part to a greater willingness of the GPs to refer women to GUM clinics because of their heightened awareness of the need for comprehensive STD screening, counselling and education, and sexual contact management. If so, differences between clinics in both the proportion of GP referrals and the HSV-1:HSV-2 ratio amongst women with first episode genital herpes may relate as much to the acceptability of local GUM services as to real geographical differences in the epidemiology of genital herpes.

A NAGESWARAN

R N SHEN

G R KINGHORN

Department of Genitourinary Medicine,  
Directorate of Communicable Diseases,  
Royal Hallamshire Hospital,  
Sheffield S10 2JF, UK

R PATEL

Department of GUM,  
Royal South Hants Hospital,  
Graham Road,  
Southampton SO9 4PE, UK

1 Wilson P, Crooper L, Sharp I, Fink C. Apparent increase in the prevalence of herpes simplex virus type 1 genital infection among women. *Genitourin Med* 1994;70:228.

2 Barton IG, Kinghorn GR, Najem S, Al-Omar LS, Potter CW. Incidence of herpes simplex virus types 1 and 2 isolated in patients with herpes genitalis in Sheffield. *Br J Venereal Dis* 1982;58:44-7.

3 Patel R, Helsen K, Kudesia G, Kinghorn GR. Referral patterns for type 1 and type 11 genital herpes simplex infections. Spring meeting of the MSSVD, 1991 (Abstract).

## NOTICE

### IUVDT World STD/AIDS Congress 1995. 19-23 March 1995, Singapore

For further information contact: Communication Consultants, 336 Smith Street #06-302, New Bridge Centre, Singapore 0105. Telephone (65) 227 9811. Fax (65) 227 0257.

## BOOK REVIEWS

**Infection in Gynaecology.** By J. Richard Smith, Valerie S. Kitchen. Churchill Livingstone. 1994. (Pp 91 £11.95) ISBN 0-434-04756-1.

This book deals with infections of the genital tract with concise, readable descriptions and excellent and appropriate illustrations (although the pictures of schistosomiasis infection of the fallopian tubes have little relevance to the text). The bias is toward sexually acquired infections and the introduction stresses the importance of taking an appropriate sexual history in a gynaecological setting. A brief outline of investigation and the basis of epidemiological treatment of STDs, is followed by a discussion of the surgical aspects of infection including antibiotic prophylaxis, postoperative sepsis, septic shock, and surgical management. The introduction also includes a guide to management of symptom complexes.

Each infection is dealt with in a succinct manner with details of aetiology, clinical features, diagnosis, treatment, and management of the partner where appropriate. The infections are arranged in alphabetical order, thus making it easy for reference although in a book of this size, subdivision into aetiological agents (that is, bacterial, fungal, viral, protozoal, and infestations) seems to make it unnecessarily complex without improving the ease of reference. The information is basic and would provide a good quick reference or aide memoire. A further appendix giving standard treatment regimes for STDs would have been useful.

Overall the book appears to fulfill its pur-

pose, raising the profile of sexually transmitted disease as an important consideration in gynaecological practice in an easily accessible format. It would probably suit both postgraduates and undergraduates looking for basic details about STDs.

SARAH EDWARDS

**Lower Genital Tract Precancer—Colposcopy, Pathology and Treatment.** By Albert Singer and John M. Monaghan. Oxford: Blackwell Scientific Publications. (Pp 254, £89.50). 1994. ISBN 0-86542-230-3.

"This illustrated textbook is a comprehensive guide to our current understanding of the diagnosis, assessment and management of all genital tract precancers and conditions which may mimic them." The authors' own words and an accurate description of this excellently produced tome. There are ten chapters covering 250 pages. The first chapter is the only one written by outside authors (Ralf Richart and Thomas Wright) and covers the histology of lower ano-genital tract neoplasia. Terminology is well explained and the role of human papillomavirus (HPV) briefly but succinctly covered. One would have to look to an alternative text for a more detailed account on pathogenesis and the molecular biology of HPV infection, which is not a criticism. The next four chapters focus on the diagnosis and management of cervical precancer and are really first class—a must for colposcopists in training and also deserving the attention of even the most experienced colposcopist. Intra-epithelial neoplasia of the vulva, vagina and anus are reviewed in three separate chapters and although our knowledge of these conditions continues to grow the information provided is up to date. The chapter on VIN rightly emphasises conservative management but also provides a detailed account on surgical excision and laser vaporisation, techniques possibly of less relevance to specialists in genitourinary medicine. Our current lack of knowledge regarding the natural history of AIN is unfortunately not addressed and the need for conservative management fails to gain a mention. Whilst on the negative side, genitourinary medicine clinicians may not entirely agree with all that appears in the final chapter on infective conditions which may be confused with lower genital tract precancer. This aside, and forgiving the misspelling of my name in one chapter, Albert Singer and John Monaghan are to be congratulated. They "commend it to the modern clinician, not only those in training but also those in established practice where regular updating is essential". I wholeheartedly endorse their view.

CHRIS SONNEX